

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#15  
A.P.

In re application of: Hastings et al.

Application Serial No.: 09/037,460

Art Unit: 1646

Filed: March 10, 1998

Examiner: Saoud, C.

For: Human Vascular IBP-Like Growth Factor  
Polynucleotides (Amended)

Attorney Docket No.: PF147D1

**PETITION UNDER 37 C.F.R. 1.17(i)**

Assistant Commissioner for Patents  
Washington, D.C. 20231



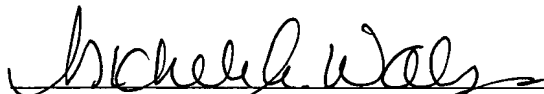
Sir:

In accordance with 37 C.F.R. 1.97(d) and (e), Applicants hereby Petition under 37 C.F.R. §1.97(e) for entry of the Information Disclosure Statement ("IDS") and cited documents, filed concurrently herewith. Applicants affirm that no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing date of the Information Disclosure Statement. Accordingly, consideration by the Examiner is respectfully requested.

The fee required with this Petition is estimated to be \$130.00 under 37 C.F.R. § 1.17(i). Please charge the required fee, and any other fee deemed necessary, to Deposit Account No. 08-3425. A copy of this sheet is enclosed for accounting purposes.

Respectfully submitted,

Dated: 12/22/99

  
Michele M. Wales (Reg. No. 43,975)  
Attorney for Applicants

**Human Genome Sciences, Inc.**  
9410 Key West Avenue  
Rockville, MD 20850  
Telephone: (301) 610-5772

Enclosures  
MW/CB/ur/lcc

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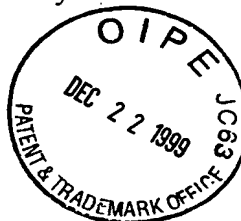
Examiner: Saoud, C.

For: **Human Vascular IBP-Like Growth Factor  
Polynucleotides (Amended)**

Attorney Docket No.: PF147D1

## FEE TRANSMITTAL SHEET

Assistant Commissioner for Patents  
Washington, D.C. 20231



Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.


The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Add. Fee	or	Rate	Add. Fee
Total	43	Minus	62	=	0	X9	\$ **	X18	\$ 0.00
Indep	12	Minus	13	=	0	X39	\$ **	X78	\$ 0.00
First Presentation of Multiple Dep. Claims					+ 130	\$ **		+ 260	\$ **
Total						\$ **	or	Total	<u>\$ 0.00</u>

Please charge the required fee, and any other fee deemed necessary, to Deposit Account No. 08-3425. A duplicate of this sheet is enclosed.

Respectfully submitted,

Dated: 12/22/99

  
Michele M. Wales (Reg. No. 43,975)  
Attorney for Applicants

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